



**City of Fort Lauderdale  
Department of Human Resources**

100 N. Andrews Ave. Fort Lauderdale, Florida 33301  
Voice Phone (954) 828-5300 TTD Phone (954) 828-5986

**EMPLOYMENT APPLICATION**

Date Submitted

**INSTRUCTIONS:** The application must be filled out accurately and completely. Answer all questions. Do not leave an item blank. Incomplete applications will not be considered. All statements made on the application are subject to verification. Exaggerated, false, or misleading statements may be cause for rejection of the application and / or termination of employment. Eligibility for hire may be based on a rating of this application; therefore, completeness and accuracy is of the utmost importance.

Position Applied For

Social Security Number

Last Name  First Name  Middle Initial

Street Address

Street Address 2

City  State  Zip Code

Home Phone  Work / Message Phone  Extension

E-Mail

***Please Select Appropriate Response***

1. Have you ever worked for the City of Fort Lauderdale? ☐ Yes ☐ No

If Yes, please give date(s) of employment.   
(mm-yyyy - mm-yyyy)

2. Are you a U.S. citizen? ☐ Yes ☐ No

If no, are you authorized by Immigration and Naturalization to work in the U.S.?

Alien #A

Admission #

3. Will you work night shift? ☐ Yes ☐ No

Will you work weekends? ☐ Yes ☐ No

4. Have you ever been fired, forced to resign, or resigned in lieu of termination?

If yes, please explain below ☐ Yes ☐ No

Employer

Reason

5. Are you related to a City employee or is any member of your family employed by the City of Fort Lauderdale? ☐ Yes ☐ No

Name

Relationship

Department

6. Have you ever been found guilty of, had adjudication withheld, or pled no contest to any violation of law? ☐ Yes ☐ No

If yes, please give details below.

Date (mm-yyyy)

Agency

Offense/Charge

☐ Felony ☐ Misdemeanor

Outcome

Note: A conviction does not automatically mean you cannot be employed by the City of Fort Lauderdale. The nature of the offense, time since it occurred, etc., are given consideration.

**Attach additional sheets as needed.**

7. Were you in the U.S. Armed Forces? ☐ Yes ☐ No

Did you receive an honorable discharge?

Do you claim veteran's preference?

If yes, City of Fort Lauderdale Department of Human Resources Form J-204 and the member 4 copy of your DD214 must accompany this application. Form J-204 is available upon request.

## 8. DRIVER'S LICENSE INFORMATION

Do you have a valid Driver's License?	<input type="radio"/> Yes <input type="radio"/> No	Has your license ever been suspended?	<input type="radio"/> Yes <input type="radio"/> No
Driver's License Number	<input type="text"/>		
State	<input type="text"/>	Expiration Date (mm-dd-yyyy)	<input type="text"/>
CDL Class	<input type="text"/>		
Endorsements	<input type="text"/>		
<div></div>			

## 9. PLEASE LIST ALL TRAFFIC CITATIONS RECEIVED WITHIN THE LAST SEVEN (7) YEARS (driving under the influence, driving while intoxicated, etc. should be listed under number 6 on page 1).

Date (mm-yyyy)	<input type="text"/>	Points	<input type="text"/>	Date (mm-yyyy)	<input type="text"/>	Points	<input type="text"/>
Agency	<input type="text"/>			Agency	<input type="text"/>		
Offense / Charge	<input type="text"/>			Offense / Charge	<input type="text"/>		
Outcome	<input type="text"/>			Outcome	<input type="text"/>		
Date (mm-yyyy)	<input type="text"/>	Points	<input type="text"/>	Date (mm-yyyy)	<input type="text"/>	Points	<input type="text"/>
Agency	<input type="text"/>			Agency	<input type="text"/>		
Offense / Charge	<input type="text"/>			Offense / Charge	<input type="text"/>		
Outcome	<input type="text"/>			Outcome	<input type="text"/>		

**If you have more than four citations within the last seven years, please [attach](#) a separate sheet in the same format.**

## 10. EDUCATION AND SPECIAL TRAINING

Do you have a High School Diploma?	<input type="radio"/> Yes <input type="radio"/> No	If no, highest grade completed.	<input type="text"/>
GED?	<input type="radio"/> Yes <input type="radio"/> No	Date Obtained (mm-yyyy)	<input type="text"/>
Name and location of last High School attended.	<input type="text"/>		
Name / City / State			
List Special Training (Business, Trade, Vocational, Armed Forces Schools, etc.) below.			
Name and Location	Total Hrs Done	Hrs req for cert	Certificates Received
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

List Colleges and Universities Attended Below:

Name and Location	Crdt Hrs Received Sem	Hrs Qtr	Did you grad? Y N	Major/Minor Degree Field or Program of Study	Type of Degree Received
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> Y <input type="radio"/> N	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> Y <input type="radio"/> N	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> Y <input type="radio"/> N	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> Y <input type="radio"/> N	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> Y <input type="radio"/> N	<input type="text"/>	<input type="text"/>

**INSTRUCTIONS:** Beginning with your present or most recent job, describe your paid work experience for the past ten (10) years and list a minimum of three (3) employers. List each promotion or transfer as a separate job even if they were with the same employer. Include Military, part time and self-employment. List all gaps in work history in spaces provided. If you have more than four (4) separate periods of employment, [attach](#) sheets in the same format as below. Resumes will not be accepted as official applications, but may be attached with your application.

### Job 1: Present or Most Recent Employer

<table border="0"> <tr> <td>From</td> <td>To</td> <td>Total Time</td> </tr> <tr> <td>Mo. Yr.</td> <td>Mo. Yr.</td> <td>Yrs. Mo.</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>			From	To	Total Time	Mo. Yr.	Mo. Yr.	Yrs. Mo.	<input type="text"/>	<input type="text"/>	<input type="text"/>	Employer <input type="text"/>	
From	To	Total Time											
Mo. Yr.	Mo. Yr.	Yrs. Mo.											
<input type="text"/>	<input type="text"/>	<input type="text"/>											
Hours per week <input type="text"/>			Address <input type="text"/>										
Starting Salary \$ <input type="text"/> per Yr. <input type="text"/>			Telephone Number <input type="text"/> Telephone Extension <input type="text"/>										
Last Salary \$ <input type="text"/> per Yr. <input type="text"/>			Your Job Title <input type="text"/>										
May we contact your present employer? <input type="radio"/> Yes <input type="radio"/> No			Supervisor's Name and Title <input type="text"/>										
			Reason for Leaving Position <input type="text"/>										
			Number of employees supervised (if applicable, example: 25) <input type="text"/>										
Specific Duties <input type="text"/>													

Between These Jobs (if applicable): ☐ N/A ☐ UNEMPLOYED ☐ IN SCHOOL ☐ OTHER FROM (mm-yyyy)  TO (mm-yyyy)

IF OTHER Please Explain

### Job 2: Previous Employer

<table border="0"> <tr> <td>From</td> <td>To</td> <td>Total Time</td> </tr> <tr> <td>Mo. Yr.</td> <td>Mo. Yr.</td> <td>Yrs. Mo.</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>			From	To	Total Time	Mo. Yr.	Mo. Yr.	Yrs. Mo.	<input type="text"/>	<input type="text"/>	<input type="text"/>	Employer <input type="text"/>	
From	To	Total Time											
Mo. Yr.	Mo. Yr.	Yrs. Mo.											
<input type="text"/>	<input type="text"/>	<input type="text"/>											
Hours per week <input type="text"/>			Address <input type="text"/>										
Starting Salary \$ <input type="text"/> per Yr. <input type="text"/>			Telephone Number <input type="text"/> Telephone Extension <input type="text"/>										
Last Salary \$ <input type="text"/> per Yr. <input type="text"/>			Your Job Title <input type="text"/>										
			Supervisor's Name and Title <input type="text"/>										
			Reason for Leaving Position <input type="text"/>										
			Number of employees supervised (if applicable, example: 25) <input type="text"/>										
Specific Duties <input type="text"/>													

Between These Jobs (if applicable): ☐ N/A ☐ UNEMPLOYED ☐ IN SCHOOL ☐ OTHER FROM (mm-yyyy)  TO (mm-yyyy)

IF OTHER Please Explain

### Job 3: Previous Employer

<table border="0"> <tr> <td>From</td> <td>To</td> <td>Total Time</td> </tr> <tr> <td>Mo. Yr.</td> <td>Mo. Yr.</td> <td>Yrs. Mo.</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>			From	To	Total Time	Mo. Yr.	Mo. Yr.	Yrs. Mo.	<input type="text"/>	<input type="text"/>	<input type="text"/>	Employer <input type="text"/>	
From	To	Total Time											
Mo. Yr.	Mo. Yr.	Yrs. Mo.											
<input type="text"/>	<input type="text"/>	<input type="text"/>											
Hours per week <input type="text"/>			Address <input type="text"/>										
Starting Salary \$ <input type="text"/> per Yr. <input type="text"/>			Telephone Number <input type="text"/> Telephone Extension <input type="text"/>										
Last Salary \$ <input type="text"/> per Yr. <input type="text"/>			Your Job Title <input type="text"/>										
			Supervisor's Name and Title <input type="text"/>										
			Reason for Leaving Position <input type="text"/>										
			Number of employees supervised (if applicable, example: 25) <input type="text"/>										
Specific Duties <input type="text"/>													

Between These Jobs (if applicable) ☐ N/A ☐ UNEMPLOYED ☐ IN SCHOOL ☐ OTHER FROM (mm-yyyy)  TO (mm-yyyy)

IF OTHER Please Explain

#### Job 4: Previous Employer

From Mo. Yr.	To Mo. Yr.	Total Time Yrs. Mo.	Employer	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	Address	<input type="text"/>
Hours per week	<input type="text"/>		Telephone Number	<input type="text"/> Telephone Extension <input type="text"/>
Starting Salary	\$ <input type="text"/> per Yr. <input type="text"/>		Your Job Title	<input type="text"/>
Last Salary	\$ <input type="text"/> per Yr. <input type="text"/>		Supervisor's Name and Title	<input type="text"/>
			Reason for Leaving Position	<input type="text"/>
			Number of employees supervised (if applicable, example: 25)	<input type="text"/>
Specific Duties	<input type="text"/>			

### Please read this statement carefully before accepting below.

The City of Fort Lauderdale is an Equal Opportunity Employer.

I hereby certify that each response on this application and all other information I have furnished in applying for employment with the City of Fort Lauderdale is true and correct. I understand that any incorrect, incomplete, or false statement or information I have furnished may subject me to disqualification in an examination or to discharge at any time.

Copies of education documents, birth certificate, photo identification, and social security card must be submitted prior to employment. All information is subject to investigation and verification.

The City of Fort Lauderdale requests social security numbers for the following purposes: track employment application records; pre-employment background checks; verify eligibility for employment; withhold federal and state taxes; comply with the state new-hire reporting requirements; enrollment in pension and benefits plans.

Subsequent to an offer of employment, I give my voluntary consent to be medically examined and to provide a sample of urine, which may be tested for use of drugs and/or controlled substances.

☐ I affirm that all information is true to the best of my knowledge and that I understand that any misstatement of fact may result in disqualification or dismissal.

Date

#### Notes

- Applicant must provide copies of documents required with application.
- Please include your social security number on all documents submitted.
- If you require special testing accommodations due to a disability, please notify the staff BEFORE the test date.
- Applicants requesting reasonable accommodation during the job application process may contact the Department of Human Resources at the address and phone number listed on the front of the application. Such materials can be provided in alternative forms for the blind and visually impaired, upon request.
- We may contact previous employers to verify employment information.

## NOTICE TO APPLICANT OF INTENT TO OBTAIN A CONSUMER REPORT

Dear Applicant,

In connection with your application for employment, we would like to procure certain background information concerning you, which is contained in a consumer report. A consumer report may contain information regarding your driving record and/or criminal background.

Before we procure a consumer report, you must authorize such procurement in writing. You have the right to decline authorization for us to procure a consumer report. However, we will not consider you further for employment if you so decline. On the bottom of this form, you will find a release, which will allow us to obtain a consumer report. Please read the release carefully before signing it and indicating your choice regarding disclosure.

### RELEASE TO PROCURE A CONSUMER REPORT

I have read the "Notice to Applicant of Intent to Obtain A Consumer Report."

I understand that I have the right to decline authorization for the City of Fort Lauderdale to procure a consumer report concerning me.

Understanding these rights,

- ☐ I authorize the City of Fort Lauderdale to procure a consumer report concerning me.  
☐ I do not authorize the City of Fort Lauderdale to procure a consumer report concerning me.

NAME

SOCIAL SECURITY NUMBER

I AGREE (In place of Signature) ☐

DATE

## EQUAL EMPLOYMENT OPPORTUNITY / AFFIRMATIVE ACTION SURVEY

### TO ALL APPLICANTS

The following information is being gathered by the City of Fort Lauderdale for research, affirmative action, and federal EEO reporting requirements. If you choose not to answer any of the items, you will not be subject to adverse treatment; however, we urge you to do so and assure you that this information will not be used to evaluate your application, and will be kept confidential.

JOB / POSITION APPLIED FOR

SOCIAL SECURITY NUMBER

DATE OF BIRTH (mm-dd-yyyy)

SEX ☐ MALE ☐ FEMALE

### Race / Ethnic Categories (Select One)

☐ **Black or African American (Not Hispanic or Latino):** All persons having origins in any of the black racial groups of Africa.

☐ **Native Hawaiian or Pacific Islander (Not Hispanic or Latino):** All persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

☐ **Hispanic or Latino:** All persons of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin regardless of race.

☐ **American Indian or Alaskan Native (Not Hispanic or Latino):** All persons having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

☐ **White (Not Hispanic or Latino):** All persons having origins in any of the original peoples of Europe, the Middle East, or North Africa.

☐ **Asian (Not Hispanic or Latino):** All persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

☐ **Two or More Races (Not Hispanic or Latino):** All persons who identify with more than one of the above five races.

### HOW DID YOU LEARN OF THIS POSITION? (Select One)

☐ Ad in newspaper

☐ Ad in trade journal

☐ Ad on radio

☐ Completed interest form and received notification

☐ Job Line

☐ City bulletin board / walk in

☐ Friend / City Employee

☐ Internet

☐ Job Fair

☐ Agency Referral